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## FACSIMILE TRANSMITTAL SHEET

**TO:** Examiner Fangemonique A. Smith – Group Art Unit: 3736  
**FIRM/COMPANY:** U.S. Patent and Trademark Office – Mail Stop Amendment  
**FACSIMILE NUMBER:** (571) 273-8300  
**CONFIRMATION  
TELEPHONE:** 571.272.8160 (Examiner)  
**FROM:** Anne Marie Leavy-Ghazi for Edward J. Lynch  
**DIRECT DIAL:** 415.957.3017  
**DATE:** May 23, 2006  
**USER NUMBER:** 5121  
**FILE NUMBER:** Docket No. R0367-03700  
**TOTAL # OF PAGES:** 30  
(INCLUDING COVERSHEET)

**MESSAGE:** Attached is an Amendment and Response to Restriction and Election of Species Requirements in Response to the Office Action mailed 4/25/2006 in connection with patent application Serial No. 10/642,406, filed August 15, 2003.

*Please confirm receipt of this facsimile.*

**NOTE:** Original will NOT follow

### CONFIDENTIALITY NOTICE

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of  
*Burbank et al.*

For: **BIOPSY DEVICE WITH NEEDLE SHAPED  
INNER CUTTER**

Serial No.: 10/642,406

Filed: August 15, 2003

Atty. Docket No.: R0367-03700

Examiner: Fangemonique A.  
Smith

Group Art Unit: 3736

TRANSMITTAL

## CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (571) 273-8300, addressed to Examiner Fangemonique A. Smith, Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 23, 2006, in San Francisco, CA.

Anne Marie Leavy-Chang

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Restriction and Election of Species Requirements.

2. Claim Fee Calculation

No additional claim fee is required.

X Amendment increases number of claims or multiple dependencies.

## Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	11 - 12 =	0 x	\$100=	\$-0-
Total Claims	2202	86 - 70 =	16 x	\$25=	\$400.

Additional Claims Fee \$400.

Total Fees Due ..... \$400.

3. Payment of Fees

Enclosed is a check for the total fees due in the amount of \_\_\_\_\_.

X The Commissioner is authorized to charge any fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-03700. A duplicate copy of this document is enclosed for fee processing.

By: 

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Registration No. 24,422

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PATENT

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In re the application of  
Burbank et al.For: BIOPSY DEVICE WITH NEEDLE  
SHAPED INNER CUTTER

Serial No.: 10/642,406

Filed: August 15, 2003

Atty. Docket No.: R0367-03700

Examiner: Fangemonique A. Smith

Group: 3736

**AMENDMENT AND RESPONSE TO  
RESTRICTION AND ELECTION OF  
SPECIES REQUIREMENTS**

## CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-8300 and addressed to Attention: Examiner Fangemonique A. Smith, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5-23-06 in San Francisco, CA.

By: 

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed April 25, 2006 in the above-referenced application, please amend the above-referenced application as follows:

05/24/2006 KBETENA1 00000060 041679 10642406

01 FC:2202 400.00 DA